



PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031  
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**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/044,206
		Filing Date	January 11, 2002
		First Named Inventor	Jerome Eldridge
		Art Unit	2813
		Examiner Name	Laura Schillinger
Total Number of Pages in This Submission		Attorney Docket Number	MI22-1914

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard; Certificate of Correction (2);
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Additional Enclosures: Request for Certificate of Correction; a \$100.00 Check		
Patent No. 6,794,261 B2 Issued: September 21, 2004		
Certificate SEP 01 2005 of Correction		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	D. Brent Kenady, Reg. No. 40,045 Wells St. John, P.S.
Signature	
Date	8-24-05

**CERTIFICATE OF TRANSMISSION/MAILING**I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 

Typed or printed	Natalie King
Signature	
Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS--SEND TO: Commissioner for Patents, Washington, DC 20231.

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100-201505-54-NM

U.S. GOVERNMENT PRINTING OFFICE: 2003 50-100-000-000-000

1 SEP

1 2005



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**100.00**

**Complete if Known**

Application Number	10/044,206
Filing Date	January 11, 2002
First Named Inventor	Jerome Eldridge
Examiner Name	Laura M. Schillinger
Art Unit	2813
Attorney Docket No.	MI22-1914

**METHOD OF PAYMENT** (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>
	- 20 or HP =	x	=		
			0	50	25
				200	100

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>
	- 3 or HP =	x	=		
			0		0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
		- 100 = / 50 = (round up to a whole number) x		0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Certificate of Correction

**Fees Paid (\$)**

0

100.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 40,045	Telephone (509) 624-4276
Name (Print/Type)	D. Brent Kenady	Date	8-24-05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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1 SEP 1 2005

*O I P E*  
*PATENT & TRADEMARK OFFICE*  
AUG 29 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No..... 6,794,261 B2  
Patent Issue Date..... September 21, 2004  
Application Serial No..... 10/044,206  
Filing Date ..... January 11, 2002  
Assignee..... Micron Technology, Inc.  
Inventorship ..... Jerome Michael Eldridge  
Attorney's Docket No..... MI22-1914  
Title: Methods of Forming Void Regions, Dielectric Regions, and Capacitor Constructions

**REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT FOR  
APPLICANT MISTAKE and PTO MISTAKES (37 C.F.R. §§ 1.322(a) and 1.323)**

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

ATTN: Decision and Certificate of Correction  
Branch of the Patent Issue Division

From: D. Brent Kenady (Tel. 509-624-4276; Fax 509-838-3424)  
Wells St. John P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828

Sir:

It is hereby requested that a Certificate of Correction be issued with respect to Patent No. 6,794,261 B2, granted September 21, 2004, in accordance with the Certificate of Correction form attached hereto in duplicate.

It is noted that an error appears in this patent of a typographical nature of character, as more fully described below. The error occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination.

08/30/2005 BABRAHA1 00000003 10044206

01 FC:1811

100.00 DP

Other errors listed on the Certificate of Correction form were apparently incurred through the fault of the PTO as will be disclosed by the records of files in the Office.

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

The exact page and line number where the error occurs in the application file are:

Page 13, line 10.

Enclosed is a check in the amount of \$100.00, as required by 37 CFR 1.20(a).

Respectfully submitted,

Dated: 8-24-05

By:

  
D. Brent Kenady  
Reg. No. 40,045

UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION

PATENT NO. : 6,794,261 B2  
DATED : September 21, 2004  
INVENTOR(S) : Eldridge

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Col. 1, line 9, please delete "pant" before "application" and insert --patent--.

Col. 4, line 25, please insert --10-- after "metal".

Col. 4, line 49, please delete "results A" after "void 24" and insert --results. A--.

Col. 6, line 12, please insert --with-- after "filled".

Col. 10, line 2, claim 5, please insert --to-- after "transported".

Col. 10, line 16, claim 9, please delete "is transported to" after "mass" and insert --that is transported is a--.

Page  
1 of 1

<b>Mailing Address of Sender:</b> D. Brent Kenady Wells St. John P.S. 601 West First Avenue, Suite 1300 Spokane, WA 99201-3828	Patent No. <u>6,794,261 B2</u>
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SER 1 2005